

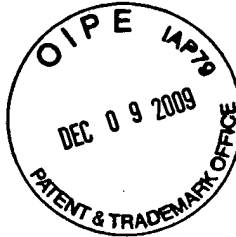
PART B - FEE(S) TRANSMITTAL

Complete and mail this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEECommissioner for Patents
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NORRIS, MCLAUGHLIN & MARCUS, P.A.
875 Third Avenue - 8th Floor
New York, NY 10022



12/10/2009 SDIRETA2 00000013 141263 10520209

01 FC:2501 755.00 DA
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Diana Yang (Depositor's name)
(Signature)
December 9, 2009 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/520,209	12/28/2005	Andreas Pein	101215-323	5099

TITLE OF INVENTION: SURGICAL DEVICE FOR REMOVING TISSUE CELLS FROM A BIOLOGICAL STRUCTURE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Nonprovisional	YES	\$755	\$300	\$1055	12/30/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
TREYGER, ILYA Y	3761	604-542000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys 1. Norris McLaughlin & Marcus, P.A.
 or agents OR, alternatively,
 (2) the name of a single firm (having as a member a 2. Christa Hildebrand, Esq.
 registered attorney or agent) and the names of up to
 2 registered patent attorneys or agents. If no name 3. _____
 is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
HUMAN MED AG

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)
WILHELM-HENNEMANN-STRASSE 9
D-19061 SCHWERIN, GERMANY

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee
☐ Advance Order - # of Copies _____

4b. Payment of Fee(s)

- ☐ A check in the amount of the fee(s) is enclosed.
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 14-1263 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Christa Hildebrand

(Date) December 9, 2009

Typed or printed name

Christa Hildebrand

Registration No. 34,953

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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